CLAIMS

What is claimed is:

1. A method of treating progressive kidney disease in a human, comprising the step of administering an iron chelator to the human.

2. The method of Claim 1, wherein the iron chelator is selected from the group consisting of deferiprone, deferoxamine, polyanionic amines and substituted polyaza compounds.

3. The method of Claim 1, wherein the iron chelator is administered in an amount that causes urinary catalytic iron content of the human to be essentially constant.

4. The method of Claim 1, wherein the iron chelator is administered at a dose in a range of between about 20 mg/kg body weight and about 150 mg/kg body weight of the human per day.

5. The method of Claim 1, wherein the human is suffering from a progressive kidney disease selected from the group consisting of diabetic nephropathy, primary glomerulonephritis and secondary glomerulonephritis.

6. The method of Claim 1, wherein the iron chelator halts progression of the kidney disease.

7. The method of Claim 1, wherein the iron chelator reduces the severity of the progressive kidney disease.

8. The method of Claim 1, wherein the iron chelator is administered in multiple doses.

9. The method of Claim 1, wherein the iron chelator is administered orally.

10. The method of Claim 1, wherein administration of the iron chelator reduces the rate of loss of renal function.

11. The method of Claim 10, wherein administration of the iron chelator reduces the rate of progression of proteinurea.

12. The method of Claim 11, wherein administration of the iron chelator reduces the rate of increase of urinary creatinine.

13. The method of Claim 10, wherein administration of the iron chelator reduces deterioration of glomerular filtration rate.

14. The method of Claim 10, wherein administration of the iron chelators reduces at least one member of the group consisting of protein in urine, blood urea nitrogen and serum or plasma creatinine.